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SERIAL NUMBER 10/082,643	FILING DATE 02/25/2002 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. 070191-0322 (31- HL-6088)
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**APPLICANTS**

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**\*\* CONTINUING DATA \***

*None UU*

**\*\* FOREIGN APPLICATIONS \***

*None UU*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

*U*  
\*\* 03/26/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	Allowance <i>U</i> Examiner's Signature <i>U</i>		
	Initials <i>U</i>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
GERMANY	5	27	5

**ADDRESS**

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**TITLE**

System and method for determining the likelihood of the presence of a condition of a patient's heart

FILING FEE RECEIVED 1034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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